

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	UNI 1773-011
First Named Inventor	Ted Naimer, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/662,485
Filing Date	09/15/2003
Art Unit	2632
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Non Linear Tape Display

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY) 09/15/2003 as United States Application Number or PCT International

Application Number 10/662,485 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: **08698** OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	<i>Ted JOACHIM LAURENT</i>	Family Name or Surname	Naimer
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Inventor's Signature	<i>Ted Naimer</i>	Date
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Residence: City <i>ASCONA</i>	State <i>TI</i>	Country <i>SWITZERLAND</i>	Citizenship <i>SWISS</i>
----------------------------------	--------------------	-------------------------------	-----------------------------

Mailing Address <i>VIA MOSCIA 118</i>			
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City <i>ASCONA</i>	State <i>TI</i>	ZIP <i>CH 6612</i>	Country <i>SWITZERLAND</i>
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname	Sam	Hyatt
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Inventor's Signature	<i>Jag Htng</i>	Date	<i>3/25/04</i>
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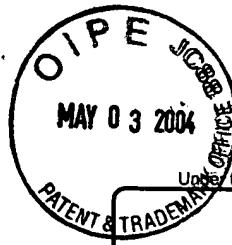
Residence: City <i>Alpharetta</i>	State <i>Ga</i>	Country <i>USA</i>	Citizenship <i>USA</i>
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Mailing Address

<i>305 Riversong Way</i>			
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City <i>Alpharetta</i>	State <i>Ga</i>	ZIP <i>30022</i>	Country <i>USA</i>
---------------------------	--------------------	---------------------	-----------------------

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jim		Brannen	
Inventor's Signature	<i>Jim M Brannen</i>		Date 25 March 2004
Residence: City	LAWRENCEVILLE	State	GA
Country	USA	Citizenship	USA
Mailing Address	1854 JENNA LYN CT.		
Mailing Address			
City	LAWRENCEVILLE	State	GA
Zip	30043	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
Tom		Lawrence	
Inventor's Signature	<i>Tom Lawrence</i>		Date 25 March 2004
Residence: City	XNOXVILLE	State	TN
Country	UNITED STATES	Citizenship	US
Mailing Address	405 Ocala DRIVE		
Mailing Address			
City	KNOXVILLE	State	TN
Zip	37918	Country	UNITED STATES
<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PTO/SB/81 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/662,485
Filing Date	09/15/2003
First Named Inventor	Ted Naimer, et al.
Title	Non Linear Tape Display
Art Unit	2632
Examiner Name	
Attorney Docket Number	UNI 1773-011

I hereby appoint:

 Practitioners associated with the Customer Number:

08698

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

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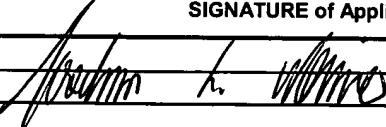
OR

<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Ted Naimer	
Signature		
Date		Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/> *Total of <u>4</u> forms are submitted.
---

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MAY 03 2004

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<b>Application Number</b>	10/662,485
<b>Filing Date</b>	09/15/2003
<b>First Named Inventor</b>	Ted Naimer, et al.
<b>Title</b>	Non Linear Tape Display
<b>Art Unit</b>	2632
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	UNI 1773-011

I hereby appoint:

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Name	Registration Number

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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City		State
Country		Zip
Telephone		Fax

I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Sam Hyatt		
Signature	/s/ Sam Hyatt		
Date	3/25/04	Telephone	770-913-1047

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 4 forms are submitted.

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/662,485
Filing Date	09/15/2003
First Named Inventor	Ted Naimer, et al.
Title	Non Linear Tape Display
Art Unit	2632
Examiner Name	
Attorney Docket Number	UNI 1773-011

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OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
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### SIGNATURE of Applicant or Assignee of Record

Name	Jim Brannen		
Signature	<i>Jim Brannen</i>		
Date	25 MARCH 2004	Telephone	770 242 7466

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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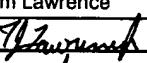
OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Tom Lawrence		
Signature			
Date	25 March 2004	Telephone	(703) 697-6117

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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